

# Dr Srinivasan Subash Chandran

## Inspection report


Sheerness Health Centre  
250-262 High Street  
Sheerness  
Kent  
ME12 1UP  
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[www.chandrans.co.uk](http://www.chandrans.co.uk)






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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this location

Inadequate 

Are services safe?	Inadequate 
Are services effective?	Inadequate 
Are services caring?	Good 
Are services responsive?	Requires improvement 
Are services well-led?	Inadequate 

# Overall summary

We carried out an announced comprehensive inspection at Dr Srinivasan Subash Chandran's surgery on 10 December 2019 as part of our inspection programme.

We decided to undertake an inspection of this service following our annual review of the information available to us. This inspection looked at the following key questions:

- Safe
- Effective
- Caring
- Responsive
- Well-led

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We have rated this practice as inadequate overall and for safe, effective and well-led services. We rated them as requires improvement for responsive and good for caring. We rated the practice as inadequate for all of the population groups.

We rated the practice as **inadequate** for providing safe services because:

- There was inadequate monitoring of patients on high risk medicines and insufficient action to ensure the safety of prescribing.
- There were poor repeat prescribing and medicine review practices.
- There were insufficient failsafe processes for minor surgery.
- There was no system for recording and acting on safety alerts.
- The practice had not undertaken a risk assessment for emergency medicines.
- Risk management processes in relation to health and safety and fire safety were insufficient.
- Medicines and prescription stationary were not stored securely.
- The system for learning and improving when things went wrong was not comprehensive.

- The practice could not demonstrate that recruitment checks and Disclosure and Barring Service (DBS) checks were undertaken when required.
- There was not a system to monitor the ongoing registration of clinical staff.
- Staff vaccinations were not monitored in line with Public Health England guidance.

We rated the practice as **inadequate** for providing effective services because:

The rating for effective moved from good to inadequate. This was due to a lack of evidence-based practice; insufficient patient assessments and a lack of clinical review; insufficient evidence of staff training updates; poor patient outcomes in some areas and high exception reporting; poor childhood vaccination performance; below target cervical screening; and, limited quality improvement activities.

- There was a lack of evidence-based practice.
- Patient assessment processes were insufficient and there was a lack of clinical review.
- There was insufficient evidence of staff training updates, including for specific clinical competencies.
- There were poor patient outcomes and high exception reporting in some areas.
- Childhood vaccination rates were below minimum targets.
- Cervical screening was below target.
- There were limited quality improvement activities.

We rated the practice as **inadequate** for providing well-led services because:

- Leaders could not show that they had the capacity and skills to delivery high quality, sustainable care.
- The overall governance arrangements were ineffective.
- The practice did not have clear and effective processes for managing risks, issues and performance.
- The practice did not always act on appropriate and accurate information.
- We saw limited evidence of systems and processes for learning, continuous improvement and innovation.

We rated the practice as **requires improvement** for providing responsive services because:

- The system for identifying, receiving, recording, handling and responding to complaints was insufficient.

# Overall summary

We rated the practice as **good** for providing caring services because:

- Staff treated patients with care and compassion.

The areas where the provider **must** make improvements are:

- Ensure that care and treatment is provided in a safe way.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

- Ensure that fit and proper persons are employed.

The provider should:

- Improve staff vaccination records in line with Public Health England (PHE) guidance.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

**Dr Rosie Benneyworth BM BS BMedSci MRCGP**

Chief Inspector of Primary Medical Services and Integrated Care

## Population group ratings

<b>Older people</b>	<b>Inadequate</b> 
<b>People with long-term conditions</b>	<b>Inadequate</b> 
<b>Families, children and young people</b>	<b>Inadequate</b> 
<b>Working age people (including those recently retired and students)</b>	<b>Inadequate</b> 
<b>People whose circumstances may make them vulnerable</b>	<b>Inadequate</b> 
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Inadequate</b> 

## Our inspection team

Our inspection team was led by a CQC inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

## Background to Dr Srinivasan Subash Chandran

Dr Srinivasan Shubash Chandran's surgery is located at Sheerness Health Centre, 250-262 High Street, Sheerness, Kent, ME12 1UP on the Isle of Sheppey. The practice is located in purpose built premises that also houses additional GP practices and other health services. In addition, there is a branch surgery at High Street, Queensborough, Kent, ME11 5AQ.

The local clinical commissioning group (CCG) is the NHS Swale CCG. Dr Srinivasan Subash Chandran is registered with the Care Quality Commission to provide the following regulated activities: Treatment of disease, disorder or injury, Diagnostic and screening procedures, Maternity and midwifery services and Surgical procedures

The practice has approximately 4,735 registered patients. The practice staff consists of one GP (male), and two additional long-term locum GPs (male and female). The practice had two locum nurses (female), one working one regular session a week and the other working on an ad hoc basis. There are two female healthcare assistants. A practice manager leads a small team of reception and administrative staff.

There are higher than average number of patients under the age of 18 when compared with national and local averages. There is a lower proportion of patients over the age of 65, when compared with the national average. Information published by Public Health England, rates the level of deprivation within the practice population group as one, on a scale of one to ten. Level 10 represents the lowest levels of deprivation and level one the highest. Life expectancy is lower than average for females (81 years compared with the national average of 83). Life expectancy for males is lower than average for males (77 years compared with the national average of 79 years).

General medical services are provided Monday to Friday between the hours of 8.30am to 6pm. Extended hours surgeries are offered Tuesday 6.30pm to 7.45pm. Out of hours services can be accessed via the NHS 111 service.

More information in relation to the practice can be found on their website:

[www.chandrans.co.uk](http://www.chandrans.co.uk)

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</b></p> <ul style="list-style-type: none"><li>• Patients on high risk medicines were not appropriately monitored.</li><li>• Clinical information was not appropriately acted on in a timely way, including pharmacy advice and information from secondary care.</li><li>• There were insufficient failsafe processes for patients receiving minor surgery.</li><li>• There was an ineffective system for the management of safety alerts and the provider was unable to demonstrate that action had been taken in response to safety alerts received.</li><li>• There was no risk assessment in place to identify the type of emergency medicines that should be kept within the practice.</li><li>• Safeguarding practices were insufficient and there was poor identification of patients at risk.</li><li>• Infection control processes were insufficient.</li></ul> <p><b>There was insufficient proper and safe management of medicines. In particular:</b></p> <ul style="list-style-type: none"><li>• Patients on repeat prescriptions were not suitably reviewed and repeat prescribing processes did not ensure proper authorisation.</li><li>• The practice did not have properly authorised patient group directions in place.</li><li>• The maintenance of the vaccine cold chain was not properly monitored and action was not taken to address issues.</li></ul>

This section is primarily information for the provider

## Enforcement actions

This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

Diagnostic and screening procedures  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

**There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance.**

**In particular we found:**

- Effective systems were not in place to assess, monitor and improve the quality and safety of services. Significant events were not always recorded. The identification of themes and trends was not clear.
- The provider was unable to demonstrate how they acted on feedback from patients to improve the quality and safety of services.
- There was a lack of leadership to improve performance in relation to patient outcomes and action to make improvements was not clear.

**The registered person had systems or processes that were operating ineffectively in that, they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:**

- Health and safety risk assessments were not completed.
- Action to address risks relating to fire safety had not been sufficiently addressed.

**The registered person had systems or processes that were operating ineffectively in that they failed to enable the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user. In particular:**

- Patient records were not always completed following a consultation.

**The registered person had systems or processes in place that operating ineffectively in that they failed to enable**

This section is primarily information for the provider

## Enforcement actions

the registered person maintained securely such records as are necessary to be kept in relation to the management of the regulated activity or activities. In particular:

- Records relating to the management of the regulated activities were not consistently maintained in relation to practice policies and maintenance of meeting minutes.

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

Diagnostic and screening procedures  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The provider did not always ensure that persons employed by the service in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as necessary to enable them to carry out the duties they are employed to perform. In particular;

- There were gaps in mandatory training records for some staff, including GPs and locum staff.

This was in breach of regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

Diagnostic and screening procedures  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular:

- The provider could not demonstrate that evidence of satisfactory performance in a previous role was obtained for all staff employed.

This section is primarily information for the provider

## Enforcement actions

- The provider could not demonstrate that all GPs were on the performers list or that registration checks had been undertaken for all nurses.
- The provider could not demonstrate that disclosure and barring service checks were carried out on all relevant staff.
- This was in breach of regulation 19 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.